

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/019781**

FILING DATE

APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	2		/			
8	2		/			
9	2		/			
10	2		/			
11	2		/			
12	2		/			
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TOTAL IND.			2			
TOTAL DEP.			18			
TOTAL CLAIMS			20			

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IND.	DEP.	IND.	DEP.
51			
52			
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831